

SIGNATURE OF APPLICANT

CONTRACTOR RECIPROCAL LICENSE APPLICATION

Sandy City Business License

Date

Sandy City Community Development Department

10000 Centennial Parkway, Sandy, UT 84070 TEL# (801) 568-7250 FAX# (801) 568-7278

		For staff use only
Date Received:		Account Number:
Type of Request (mark all that	apply)	
New License Request		Update to Existing Contractor's Reciprocal License
Establishment Information		
Name of Establishment		
Address of Establishment		
City, State, ZIP		
Business Phone Number:		Business Fax Number
Type of Construction		
State License Number		-
Mailing Address (if different)		-
Mailing City, State, ZIP		
Web Address:		Business Email Address:
Applicant Information		
Full Name (last, first, MI)		
Home Address		
City, State, ZIP		
Date of Birth		Social Security Number:
Are you a qualifier on the State Licer	nse? Y/N	Home Phone Number:
Fees are calculated from August 1		
\$75.00 Annual Fee: Prorate @	_% = \$	\$11.00 Empl: # x \$11 = \$, Prorate @% = \$
TOTAL AMOUNT DUE \$		
 Only those persons in possession journeymen, or apprenticeship lice A \$25 charge will be made on all of this business is located in a communication. 	of a Utah State Contractor lense holders are not permitte checks returned by the bank mercial location, a Commer tall information supplied is tr	k. cial Business license is also required. rue and correct and that any and all business conducted will comply with Sandy City